

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

ATTORNEY DOCKET NO. _____

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MECHANICAL OCCLUDING DEVICE

the specification of which is attached hereto unless the following box is checked:

() was filed on _____ as US Application Serial No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/406,280	08/27/2002

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Melissa Patangia, Reg. No. 52,098
Gary E. Lambert, Reg. No. 35,925

Send Correspondence to:	Direct Telephone Calls To:
Lambert & Associates, P.L.L.C. 92 State Street Boston, MA 02109-2004	(617) 720-0091

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Gary SearleCitizenship: U.S.Residence: 24 Barnstable Road, NORFOLK, MA 02056Post Office Address: NORFOLK POST OFFICE, 208 MAIN STREET, NORFOLK, MA 02056-7998


Gary E. Searle
Inventor's Signature

8/27/03
Date

PTO/68/81 (08-03)
 Approved for use through 11/30/2005, OMB 0551-0035
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	8/27/2003
	First Named Inventor	GARY SEARLE
	Title	MECHANICAL OCCLUDING DEVICE
	Art Unit	
	Examiner Name	
	Attorney Docket Number	03-042-65

I hereby appoint:

☒ Practitioners at Customer Number:  32118


OR

☐ Practitioner(s) named below:


Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:  32118

OR

☒ The address associated with Customer Number:  32118

OR

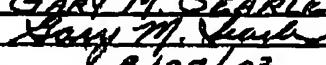
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	GARY M. SEARLE		
Signature			
Date	8/27/03	Telephone	508-541-3396

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

LIST OF INVENTOR DUTIES

Attorney Docket No.: 03-042-65

An applicant for patent owes a duty of candor and good faith to the United States Patent Office. This duty applies equally to any person who assisted at any time in the prosecution of the patent, including the attorney. To satisfy this obligation, all information known to be material to the patentability of any claim must be disclosed to the Patent Office. There is no requirement to search for information that might prove adverse to your invention, however, any knowledge that you currently possess or later come into possession of, must be disclosed. If at any time it is determined that you failed to comply, invalidation of the patent will result. Full disclosure of all relevant information prior to the issuance of the patent, although not a guarantee, does serve to bolster the presumption that your patent is valid.

An applicant for patent must also describe the best mode known to the inventor for carrying out the invention at the time that the inventor files the application. The description must be sufficient to enable one skilled in the art of the invention to make and use the same.

With the former in mind, please let me know whether the answer to any of the following questions is no so that we can bring it to the attention of the Patent Office:

- | | | |
|--|---|-----------------------------|
| Have all the contributors to each and every claim in the patent been disclosed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the application technically correct? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have all necessary features of the invention been described in the application? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all limitations necessary to the invention described in the application? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the best method for making and using the invention disclosed in the application? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the application disclose all details necessary to enable one skilled in the art to make and use the invention? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have all important points known to the inventor been disclosed to the attorney, e.g.; sales, offers to sell the invention, public use, commercial use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have the most relevant references been disclosed to the attorney and have the most relevant parts been pointed out and explained where necessary? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Gary M. Search
Signed

8/27/03
Date